

726725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

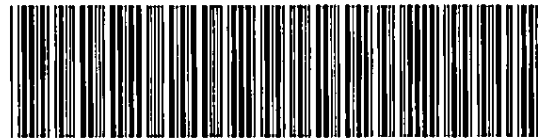
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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800346781048

06/30/20--01033--010 **35.00

2020 SEP 15 10:12

Amend

SEP 15 2020

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Jasmine Villas Property Owners' Association Inc.
DOCUMENT NUMBER: 726725

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Many Margida
(Name of Contact Person)

Margida & Associates, Inc.
(Firm/ Company)

3926 Clock Pointe Trail, Ste. 102
(Address)

Stow, OH 44224
(City/ State and Zip Code)

mmargida@margida-assoc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Many Margida
(Name of Contact Person)

at 330-926-0023
(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|---|--|---|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Check #1395 was cashed on 7/2/20 - amount \$35.00



2020 AUG 13 8:12

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2020

MARY MARGIDA
3926 CLOCK POINTE TRAIL
STE. 102
STOW, OH 44224

SUBJECT: JASMINE VILLAS PROPERTY OWNER'S ASSOCIATION, INC.
Ref. Number: 726725

We have received your document for JASMINE VILLAS PROPERTY OWNER'S ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 420A00015385

Articles of Amendment
to
Articles of Incorporation
of

Jasmine Villas Property Owners Association, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

726725
(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp" or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable: _____
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable: _____
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _____

(Florida street address)

New Registered Office Address:

_____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk, CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|---|----------|-----------------------|---|
| 1) <input type="checkbox"/> Change
<input type="checkbox"/> Add | <u>P</u> | <u>Anne Mislak</u> | <u>9 Silvercrest Lane</u>
<u>Greenfield, MA 01301</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change
<input type="checkbox"/> Add | <u>V</u> | <u>James Stanley</u> | <u>900 Jasmine Lane 3B</u>
<u>Vero Beach, FL 32963</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change
<input type="checkbox"/> Add | <u>D</u> | <u>Jeffrey Cooke</u> | <u>900 Jasmine Lane 6B</u>
<u>Vero Beach, FL 32963</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 4) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add | <u>P</u> | <u>Deryl Seemayer</u> | <u>900 Jasmine Lane 9A</u>
<u>Vero Beach, FL 32963</u> |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change
<input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change
<input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

8/24/20

Signature

Mary E. Margida

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Mary E. Margida

(Typed or printed name of person signing)

Secretary | Treasurer

(Title of person signing)